



PROVIDER/SUPPLIER INFORMATION ON MEDICARE INTERMEDIARY

State Form 51055 (09-02)

Indiana State Department of Health-Division of Acute Care

Please Read Before Completing Form

To assist the Medicare Fiscal Intermediary in establishing the necessary records to facilitate payments, once your facility has been approved by the The Centers for Medicare & Medicaid Services (CMS) to be a provider of services, please complete this form and return it with your application. The Fiscal Intermediary will contact you for any additional information they may require.

Facility Information

Name of Facility

Fiscal Year End Date (mm/dd)

Street Address

City

State

Zip+4

Contact Person

Telephone Number

Fax Number

Fiscal Intermediary Information

Name of Fiscal Intermediary

Intermediary Number (5 digit Number)

Street Address

City

State

Zip+4

Intermediary Contact Person

Telephone Number

Additional Information	
Name/Title of person completing form	Date